

**FORM TO BE USED BY PLAINTIFFS IN FILING A COMPLAINT
UNDER THE EQUAL EMPLOYMENT OPPORTUNITIES ACT, 42 USC 2000e, et seq.**

NAME: _____

ADDRESS: _____

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF VIRGINIA

(Enter full name)

Plaintiff,

v.

COMPLAINT

Case No. _____

(To be supplied by Clerk, USDC)

Defendant.

A. On what day were you discharged from employment or otherwise affected by the alleged unlawful employment practice(s) of the defendant(s) above?

B. On what day was your complaint filed with the Equal Employment Opportunities Commission?

C. What action did the Commission or its representatives take in regard to your complaint?

D. If no action was taken or if your complaint was dismissed by the Commission, did you receive notice from the Commission within 180 days of the date listed in B. above, of your right to bring a civil action to correct the alleged unlawful employment practice(s)?

E. If the answer to D. is yes, has 90 days passed since your receipt of the notice described in D.?

F. Has any action been brought in any state court or in any other federal court concerning the alleged unlawful employment practice(s) of the above defendant(s)?

If your answer to F. is yes, describe the action in the spaces below (if more than one action has been filed, use the back of this page to describe these additional actions)

1. Parties to the action: _____

2. Court (if federal court, give district; if a state court, name city or county): _____

3. Docket Number: _____

4. Judge's Name: _____

5. Is case still pending: _____ If not, what was the ruling? _____

Was the case appealed? _____

6. Have you described other actions on the back of this form? _____

G. Are there any state or local agencies presently making active efforts to obtain a voluntary end
to the alleged unlawful employment practice? YES _____ NO _____ I DON'T KNOW _____

If yes, please describe which agencies are involved and whether their efforts are being undertaken on your behalf? _____

On the remainder of this form, please answer the questions relating to your problems with the defendant and, if necessary, include other pages in order to fully explain the facts beyond your complaint.

1. What was or is your employer? _____

2. What individuals were involved in your discharge or other unlawful practice about which you are complaining? (Also explain what position each individual held, what that individual did that affected you, and about which you are complaining?)

3. If you were fired, what reasons were given for your discharge?

If you disagree with those reasons, what do you think were the real reasons?

4. Does your employer have a grievance procedure to use when employees are unhappy

about actions taken against them? _____

5. If so, did you file a grievance with your employer? _____

If you did, what action was taken? _____

6. In the space below (and on additional pages, if necessary) please state any other facts which you consider important in this complaint.

7. If you were fired, have you been working since that time? _____

If yes, for whom have you worked? _____

What did you do? _____

If you did not get another job, have you received unemployment compensation? _____

If yes, for how long? _____

8. What relief do you want from this court? (For example:)

Do you want your job back? _____

Have you suffered any damages? _____

If so, how much? _____

OTHER: _____

Sign your name below:

Signature of Plaintiff

VERIFICATION

State of _____

County of _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____.

Signature